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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
for FY 2005  
MAY 18 2005☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$ ) 175.00

**Complete if Known**

Application Number	09/901,836
Filing Date	7/10/2001
First Named Inventor	Valerio et al.
Examiner Name	A. Falk
Art Unit	1632
Attorney Docket No.	2578-3837.1US

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_☒ Deposit Account Deposit Account Number: 20-1469 Deposit Account Name: TraskBritt, PC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Fee (\$)**

50

**Small Entity Fee (\$)**

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

**Total Claims**

23

-20 or HP=

3

x

25

=

75.00

**Multiple Dependent Claims****Fee (\$)****Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**

4

- 3 or HP=

1

x

100

=

100.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x

= \_\_\_\_\_

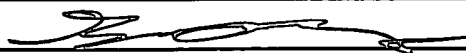
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

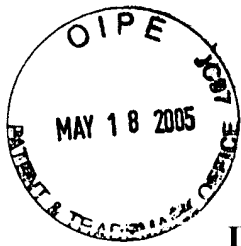
Other (e.g., late filing surcharge) : \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	44,632	Telephone	801-532-1922
Name (Print/Type)	Bretton L. Crockett	Date	May 16, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



15W 16327

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Valerio et al.

Serial No.: 09/901,836

Filed: July 10, 2001

For: METHODS AND MEANS FOR  
TARGETED GENE DELIVERY

Confirmation No.: 8961

Examiner: A. Falk

Group Art Unit: 1632

Attorney Docket No.: 2578-3837.1US

CERTIFICATE OF MAILING

I hereby certify that this correspondence along with any attachments referred to or identified as being attached or enclosed is being deposited with the United States Postal Service as First Class Mail on the date of deposit shown below with sufficient postage and in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

May 16, 2005  
Date

*Betty Vowles*  
Signature

Betty Vowles  
Name (Type/Print)

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action mailed February 23, 2005, please amend the referenced application as follows.

Amendments to the claims appear at page 2.

Remarks begin on page 7.

05/19/2005 HMARZI1 00000005 09901836

01 FC:2201  
02 FC:2202

100.00 OP  
75.00 OP